AVERP3299USA

for change
for Extra
claim

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: :

     Wayne L. Bilodeau   :   Group Art Unit: 1771

Serial No: 10/615,808   :   Examiner: Anish P. Desai

Filed: July 9, 2003   :   Confirmation No: 1464

For: **LABELING METHOD EMPLOYING TWO-PART CURABLE ADHESIVES**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AND
RESPONSE TO RESTRICTION REQUIREMENT

Sir:

    This paper is responsive to the Office Action mailed May 6, 2005, for which a one month period of response is given. Please amend the application as follows:

06/15/2005 AJONES   00000002 180988   10615808

01 FC:1202   50.00 DA **Amendments to the claims** are reflected in the listing that begins on page 2.

    Response to Restriction Requirement begins on page 12.

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number 10/615,808

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	41	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	41 minus 20=	* 21
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	378
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	1128

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 42	Minus	** 41	1
Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=	—	OR	X$18= 50	50.00
X42=	—	OR	X84=	—
+140=	—	OR	+280=	—
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	50.00 pd.

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.